

UNITED STATES COAST GUARD AUXILIARY
APPLICATION FOR ACADEMY INTRODUCTION MISSION
AT THE UNITED STATES COAST GUARD ACADEMY

PRIVACY ACT STATEMENT: In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. Authority which authorized the solicitation of the information: 14 USC Sec 182.
2. Principal purpose(s) for which information is intended to be used: To determine eligibility to participate in the Academy Introduction Mission program at the United States Coast Guard Academy.
3. The routine uses which may be made of the information: Provide identification, address and scholastic information of all applicants to the Academy Introduction Mission Program for the Coast Guard Academy and Coast Guard Auxiliary for record keeping, statistical information and future contacts.
4. Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: disclosure of this information is voluntary but the failure to provide the information will prevent the selection of the person to participate in the Academy Introduction Mission Program at the United States Coast Guard Academy.

I. APPLICANT INFORMATION

Applicant _____

Mailing Address _____

City, State & ZIP Code _____

Telephone Number(s) and AreaCode(s)(_____) _____ SSAN _____

II. REQUESTED INFORMATION

I, _____ hereby apply for consideration for the Academy Introduction Mission (AIM) at the United States Coast Guard Academy this summer. I understand a \$125.00 fee (excluding transportation) for meals will be required if I am selected to attend AIM. I understand I will be under no obligation to the U.S. Coast Guard due to my participation in the AIM Program.

I am not over 18 years of age nor under 15 years of age at this time.

I am a United States Citizen.

III. PERSONAL INFORMATION

Date and Place of Birth _____ Gender _____ Height _____ Weight _____

How do you describe yourself? (If you care to do so.) Choose only one.

- | | | |
|---|---|--|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian American or Pacific Islander | |

IV. HEALTH

I have NO physical handicaps or defects, (As asthma, color blindness, joint surgery, etc.) and I am in good health.)Note: any occurrence or active treatment of asthma will disqualify you.)

My visual acuity is no poorer than 20/400 in either eye and is correctable to 20/20 in each eye, refractive error not to exceed +/- 6.0 diopters. Astigmatism not to exceed 3.00 diopters. Anisometropia not to exceed 3.50 diopters.

I have no color blindness.

V. SCHOLASTIC STATEMENT

1. I am currently in my JUNIOR YEAR of High School at:

2. School(s) attended in Sophomore Year _____
Freshman Year _____

3. I have a good scholastic record of _____ (GPA or Scholastic average) over the last 2 ½ years.

4. My high school academic average (5 terms) _____ Class standing _____ of _____
(OVER)

V. SCHOLASTIC STATEMENT (CONTINUED)

I have taken or am scheduled to take a college Entrance Examination:

PSAT: VERBAL	MATH	TOTAL
SAT: VERBAL	MATH	TOTAL
PLAN: VERBAL	MATH	TOTAL
ACT: VERBAL	MATH	TOTAL

I am scheduled to take the _____ on _____

(Test)

(Date)

VI. ATHLETIC RECORD

High School Athletic record:	SPORT	POSITION	RECOGNITION
FRESHMAN	_____	_____	_____
	_____	_____	_____
SOPHOMORE	_____	_____	_____
	_____	_____	_____
JUNIOR	_____	_____	_____
	_____	_____	_____

VII. EXTRA ACTIVITIES

List school/community clubs, organizations and activities in which participated:

VIII. EMPLOYMENT

If ever employed, enter the work title held, places and dates of employment.

IX. SELECTION REQUEST

Write or type, from 100 to 150 words, why you would like to be selected for the AIM Program (Each page must be initialed and dated by the applicant.).

X. PARENTS OR GUARDIAN(S)

NAME(S) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

XI. CERTIFICATION

I CERTIFY THE STATEMENTS AND INFORMATION I HAVE ENTERED OR ATTACHED TO THIS APPLICATION ARE TRUE.

Applicant Signature _____ Date _____

Parents or Guardian(s) Signature _____ Date _____

XII. ATTACHMENTS AND DUE DATE

ATTACH OFFICIAL TRANSCRIPT AND INCLUDE OFFICIAL TEST SCORES WHICH RELATES TO SECTION V. ABOVE (IF NOT SHOWN ON TRANSCRIPT) AND RECOMMENDATIONS OF COUNSELORS, COACHES, ETC. COMPLETED APPLICATIONS TO BE SUBMITTED TO THE AIM COUNSELOR BELOW BY _____.

XII. AIM COUNSELOR INFORMATION**XIII. ATTACHMENTS AND DUE DATE**

AIM Counselor _____ Flotilla _____
Address _____ Division _____
City _____ State _____ ZIP _____ District _____
Telephone (____) _____ Business (____) _____

XIV. DIVISION ENDORSEMENT

I certify to the best of my knowledge, this AIM application is complete and has been reviewed by the above named AIM Counselor. _____

Signature of Auxiliary Division Captain: Division _____ District _____

AIM APPLICATION FORM - CGAUX-10

- A. GENERAL**-Used for applicants for the United States Coast Guard Academy Introduction Mission (AIM) Program.
- B. SECTION I-APPLICANT INFORMATION**
1. Applicant-First, Last name and Middle Initial of applicant (Last, First, MI).
 1. Address-Applicant's mailing address.
 2. City, State, ZIP Code-City name, postal two letter code for state and ZIP code of applicant.
 3. Telephone-Telephone number of applicant to include area code.
- C. SECTION II-REQUESTED INFORMATION**
1. Insert applicant's first name, middle initial and last name on the blank line.
- D. SECTION III-PERSONAL INFORMATION**
1. Date of Birth-Record applicant's date of birth in DD/MM/YY format.
 2. Gender-Enter male or female.
 3. Height-Enter applicant's height in inches.
 4. Weight-Enter applicant's weight in pounds.
 5. Applicant's ethnicity (**optional**)-Applicant indicates ethnic heritage if applicant desires to do so.
- E. SECTION IV-HEALTH-INFORMATION NOTICE**
1. This section is a statement confirming the applicant's health. The applicant will verify the statement when the application is signed.
- F. SECTION V-SCHOLASTIC STATEMENT**
1. Enter the name of the applicant's high school and Community/State.
 2. Enter the name of the school(s) the applicant attended in the sophomore and freshman years.
 3. A confirming statement, no entry required.
 4. Enter the applicant's academic average, class standing, class ranking and class size.
 5. Enter Verbal, Math and Total scores received on PSAT, SAT, PACT and/or ACT tests taken. Enter name and date of any of these tests scheduled to be taken.
- G. SECTION VI-ATHLETIC RECORD**
1. Enter all sports participation, including positions played and any recognition received in freshman, sophomore and junior years. Use extra sheets, if necessary.
- H. SECTION VII-EXTRA-CURRICULAR ACTIVITIES**
1. List all extra-curricular participation in any, School, Organization, Activity or Club. List any awards or honors received. Use extra sheets, if necessary.
- I. SECTION VIII-EMPLOYMENT**
1. If ever employed, enter the work title held, places and dates of employment.
- J. SECTION IX-SELECTION REQUEST**
1. The applicant should prepare a statement of 100 to 150 words, describing the reasons he/she would like to be selected for the AIM program. Additional pages may be attached, but each page must be initialed and dated by the applicant.
- K. SECTION X-PARENT(S) OR GUARDIAN**
1. Enter the name, mailing address and telephone number of the applicant's parent(s) or guardian.
- L. SECTION XI-CERTIFICATION**
1. The applicant must sign and date the application on the appropriate line.
 2. Applicant's parent(s) or guardian must sign and date the application on the appropriate line.
- M. SECTION XII-ATTACHMENTS AND DUE DATE**
1. Attach the applicant's official transcript and all pertinent recommendations.
- N. SECTION XIII-AIM AUXILIARIST INFORMATION**
1. Enter the name, mailing address, flotilla number, district number and telephone number of the submitting AIM Counselor.
- O. SECTION XIV-DIVISION ENDORSEMENT**
1. The Division Captain must sign and date the application on the appropriate line before submitting to the district staff officer for career counselor.

AUTHORIZATION FOR MEDICAL CARE AND MEDICAL RELEASE - CGAUX-10
(COMPLETE THIS FORM ONLY FOR SELECTEE)

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I (We), the undersigned, am(are) the parent(s) and/or legal guardian(s) of the person of _____, a minor, being under the age of eighteen(18) years. I(We) have specifically granted my(our) said child permission to attend the Coast Guard Auxiliary Academy Introduction Mission Program, (Project AIM), to be held at the U.S. Coast Guard Academy in New London, Connecticut from _____ July 19____ to _____ July 19____.

To the best of my(our) knowledge and belief my(our) said child has no mental or physical defects, diseases or impairments, and during such program he/she may engage in physical activities, including drills, exercises and sports.

In the event my (our) said child, _____, should become ill or injured while participating in this program, including the period of time while my(our) said child is traveling from his/her place of residence to the U.S. Coast Guard Academy, while at the U.S. Coast Guard Academy, and returning from the U.S. Coast Guard Academy to his/her place or residence, I(We) hereby authorize medical personnel, including trained nurses and "paramedics", to administer drugs, medication, blood and medical treatment, to include emergency first aid and surgery, should such be necessary in the opinion of said medical personnel, to protect the life, health or safety of my(our) said child. All decisions concerning medical treatment of all types may be made by such medical personnel.

In the event of an emergency I(we) can be contacted at the following:

Telephone number(s) with area code(s) _____
and/or address(es) _____

I(We) further agree any and all medical treatment deemed to be necessary and appropriate, in the opinion of such medical personnel, may be undertaken without notification to me(us). I(We) further represent and agree that in the exercise of the discretion in selection of medical facilities, medical personnel, the U.S. Coast Guard, the U.S. Coast Guard Auxiliary and the officers, members, personnel and employees thereof, are hereby released, indemnified and held harmless from any loss of liability they, or any of them may incur or suffer by virtue of acts or omissions in pursuance of the premises herein set forth. I(We) further agree to reimburse the said U.S. Coast Guard, U.S. Coast Guard Auxiliary and the officers, members, personnel and employees thereof, for any and all costs and expenses they, or any of them, may incur, in connection with such medical treatment.

Medical and Hospitalization coverage insurance, which includes coverage of my(our) said child, is in force and effect, being policy(ies) Number(s) _____
Written by _____

(Insurance Company(ies)(If none, state "None").

I(WE) HAVE READ AND UNDERSTAND THE AGREEMENT HEREIN CONTAINED:

Witness my(our) hand(s) this _____ day of _____ 19____

Father _____ Mother _____ Guardian _____

STATE OF _____

COUNTY OF _____

ON THIS, the _____ day of _____, 19____

BEFORE ME, the undersigned authority, personally appeared _____

known to me to be the person(s) whose name(s) is(are) subscribed on this instrument and who signed the same in my presence and (s)he (they) acknowledged to me that (s)he (they) executed the same as their free act and deed and that the same are true and correct.

(SEAL)

NOTARY PUBLIC

(STATE)

(COUNTY)